018000031772

(Requestor's Name)					
(Ad	dress)				
`	,				
(Address)					
(Cit	y/State/Zip/Phone	: #)			
PICK-UP	WAIT	MAIL			
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(Bu	siness Entity Nam	ne)			
(Do	cument Number)				
Certified Conjec	Certificates	of Status			
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer.				

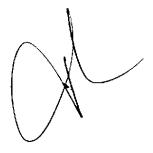
Office Use Only



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COVER LETTER

_	ion of Corporations			
SUBJECT:	CONSTRUCTORA E INVERSIONES SIG	GLO XXII I.	LC	
SODJECT.	(Name of Limited Li	pany)		
The enclosed	member, resignation or dissociation	and fee(s)	are submitted for filing.	
Please return	all correspondence concerning this n	natter to:		
FRANCISCO I	LUIS SMITH			
	(Contact Person)			
TAXES USA L	LC		တွ ဒီ	7 02
	(Firm/Company)			135 F
11402 NW 41S	T STREET SUITE 211		LAHA	7024 SEP -3 AM 9: 03
	(Address)		SSEC	3
DORAL, FL 33	3178		mic.	9: O.
	(City/State and Zip Code)		- '	, ω
For further in	nformation concerning this matter, pla	ease call:		
FRANCISCO I	.UIS SMITH at (305	470-2429	
(N:		Area Code	& Daytime Telephone Number)	
Enclosed ple \$25 Filing	ase find a check made payable to the g Fee		epartment of State for: Fee & Certified Copy	
Regis Divis P.O. I	og Address: stration Section ion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	10



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

		FLORIDA DEPARTM DIVISION OF COR	TUE	
	DISSOCIATION OR FLORIDA OR F. (Pt I. The name of the limited liability of State is: CONSTRUCTOR	DIVISION DEPARTA	•	,
	FICTATION	OF COR	POP STATE	
	$LORID_AOD$	RESIGN	CRATIONS	
		OREICN TION	_	
	P_{l}	Irsuant to 60° LIMITED	MEMBE	
	1. The name	003.0216, Flor	LIABILITY, MANA	0-
	of c.	-011	MEMBER, MANA LIABILITY COMI	GER FROM
	State is: CONSTRUCTO	COm-	/	ANY
	2. The Florida	ERST.		
	L1800003/773	SIONES SIGLO YE	the rea-	
	I. The name of the limited liability of State is: CONSTRUCTORA E INV 2. The Florida document/registration no L18000031772 3. The date this member/manager	Im.	c ords of the Fig.	
	The date this	or assigned to	- iond	a Depart
	4. I, OSCAR MIRAP	to this lin	nited in	Sucut
	2. The Florida document/registration not L18000031772 3. The date this member/manager withdrev 4. I, OSCAR MIRABAL (Print Name of Person Rev.)	Wra .	" " " company S	SEP T
	MGR Name of Person	riesigned or will	S.C.	- w
	Resigning	withdra	IW/rea:	
O Ta	3. The date this member/manager withdrev 4. I, OSCAR MIRABAL (Print Name of Person Resigning) f this limited liability company and affirm the signature of Dissociating Member or Resigning No. 2009.	hereby withdray	03/8n is: 07/22/2024]>	is O
	Signation in was litty com	(4)	Wresign as a	່ "3
V	and affin		- u	
Sig	The the	limited in		
-18	nature of Disco	Hability compa		
Filing Fee	Sociating Memb	Pany	has been no	
Certified C	er or Resignia	_	notified of my	
	nature of Dissociating Member or Resigning Nopy:	(anager	7	
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